

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

10/518038

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
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26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
32	1	2	1			
33	1		1			
34	1		1			
35	1	2	1			
36	1		1			
37	1		1			
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	1	1	1			
43	1		1			
44						
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47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	42		36			
TOTAL CLAIMS	46		40			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						